



# Incident Report

**Print Date/Time:** 12/30/2015 10:18  
**Login ID:** ss0137

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2015-00202517

**Incident Date/Time:** 12/8/2015 3:16:07 AM  
**Location:** 923 VERNON RD  
LAKE STEVENS WA 98258  
**Phone Number:**  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:** 2015-00202517

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N1	SS0126-Hingtgen
19N2	SS0133-Heinemann
19N3	SS0134-Lyons
19S12	SS0079-Summers

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Passenger	KLEIN, Olivia Lee				Female	02/19/1975
2	Passenger	Mason, Rowland F				Male	03/08/1990
3	Reporting Party	e82					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AUT9051	WA
Involved Vehicle						AUT9365	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E491371**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

**TRIBAL RESERVATION**
CASE # **15-00202517**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #
DATE OF COLLISION <b>12 - 08 - 2015</b>	<b>0316</b>	<b>31</b>				<b>0664</b>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
<b>VERNON RD</b>		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
<input type="checkbox"/> MILES <input type="checkbox"/> FEET	<b>N. DAVIES RD</b>

<b>UNIT 01</b>	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	<b>(UNKNOWN)</b>	FIRST NAME	<b>FRANK</b>	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX <b>M</b>	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>9</b>	RESTR. <b>9</b>	EJECT <b>9</b>	HELMET USE <b>9</b>	INJURY CLASS <b>0</b>	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
<b>AUT9365</b>	<b>WA</b>	<b>3VWSK69M81M139994</b>

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR <b>2001</b>	MAKE <b>VOLK</b>	MODEL <b>JETTA</b>	STYLE <b>SW</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.		<b>VEHICLE NO. 1</b> SHADE IN DAMAGED AREA 
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	

CHARGE
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<b>UNIT 02</b>	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4253970206</b>
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LAST NAME	<b>LES SCHWAB</b>	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	<b>923 VERNON RD</b>
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CITY	ST	WA	ZIP
<b>LAKE STEVENS</b>			<b>98258</b>

CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX <b>U</b>	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.		<b>VEHICLE NO. 2</b> SHADE IN DAMAGED AREA 
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	

CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
<b>M. HINGTEN</b>	<b>126</b>	<b>WA0311900</b>


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E491371**CASE # **15-00202517**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>KLEIN OLIVIA L</b>																	
ADDRESS & PHONE #		<b>21417 35TH AVE SE BOTHELL WA 98021 4254421530</b>										SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>02</b>	-	<b>19</b>	-	<b>1975</b>
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>9</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MASON ROWLAND M</b>																	
ADDRESS & PHONE #		<b>736 JACKSON HEIGHTS DR FORKS WA 98331 4257192194</b>										SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>03</b>	-	<b>08</b>	-	<b>1990</b>
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

**NARRATIVE**

Veh #1 was traveling north in the oncoming lane of the 700 blk of Frontage Rd. Veh #1 then began accelerating toward the roundabout intersection of Vernon Rd and N Davies Rd. Upon driving through the roundabout, Veh #1 was unable to complete the turn and proceeded straight into a grass area of Les Schwab, 923 Vernon Rd. The vehicle traveled through the lawn area approximately 50 feet and then stopped near the west entrance.

Two occupants remained inside the vehicle when police had arrived. The two occupants provided the description of the collision. They also stated that a male, known to them only as Frank, had fled to the northwest after the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**
**12-08-15 05:58 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**12/9/2015 1:39:14 AM**

BADGE OR ID #

**126**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**3:18 AM**

TIME POLICE ARRIVED

**3:20 AM**

REPORT NO. E491371

CASE # 15-00202517

DATE AND TIME  
OF COLLISION 12/08/15 03:16

